

will be regurgitated. The safest and best method is by peroral gastroscopy. When a skilled endoscopist is not available external operation by a skilled surgeon is safer and more successful. When a number of bodies is in the stomach, as frequently happens in the insane, external operation is the best procedure.

Physical Defects in Children.—EMERSON (*Am. Jour. Dis. Children*, March, 1921) examined 607 children. He found that children reported to be sufficiently well to attend school and to engage in the activities of normal children were found to average 5.2 physical defects of all kinds and 2.5 of nasopharyngeal defects. Children brought to a hospital clinic for examination and treatment showed an average of 6.8 general defects and 3.5 nasopharyngeal defects. The distribution of defects according to age was remarkably uniform. In each group studied the largest number of children were between the ages of seven and nine years. These years showed the greatest average number of defects in the Massachusetts General Hospital group as 7.2, but in the Little Wanderers' Home group the highest average number of defects, 6.0, was found from ten to twelve years. Only nine children in the 602 were free from defects. The nasopharyngeal defects appeared in a large number of cases and also totaled a greater number of defects than any other group.

Stigmata of Predisposition to Bone and Joint Tuberclie.—RIVERS (*British Jour. Dis. Children*, October to December, 1920) says that denial or neglect of intrinsic predisposition to bone and joint tubercle betokens not only the lack of clinical insight but an unfamiliarity with the literature. It would seem that a part of such a predisposition is not due to a single undefined susceptibility but was multiform and made up of several abnormalities acting probably by mechanical facilitation of infection or else associated with other undiscovered abnormalities acting in a like manner. For the facts and findings concerning pigmentation, ichthyosis, nasal defect and mental unsoundness they are best explained in the light of intrinsic contributory causes. There are obviously several practical bearings, diagnostic, prophylactic and others. There is also a eugenic aspect which is rather important. The author feels that no tuberculous ichthyotic, unless of great intellectual attainments, and no tuberculous mental defective, should be allowed to reproduce.

Roentgen-ray and Tuberculosis in Infants and Children.—O'BRIEN and AMES (*Jour. Am. Med. Assn.*, May 28, 1921) studied forty-four infants and children. They found that the von Pirquet and intracutaneous skin reactions were reliable tests of infection with the tubercle bacillus and the number of positive reactions increases from infancy up to childhood, all their patients over ten years of age reacting. In twenty-six of thirty-six positive skin reactions the roentgen-ray disclosed the site of infection to be intrathoracic. D'Espine's sign as a clinical index of tuberculosis of the bronchial lymph glands is of relative value, being elicited only eleven times as against roentgen-ray evidence of tuberculosis in twenty-eight cases. Three cases of positive sputum were found in fourteen diagnoses of chronic pulmonary tubercu-

losis. Fourteen cases of chronic pulmonary tuberculosis of the adult type were found. Fifteen cases that were negative clinically showed definite roentgen-ray evidence of structural changes of tuberculous infection. This raises the question as to whether these children are not liable to develop clinical tuberculosis, and they should be watched carefully and roentgen-rayed frequently.

Exercise Tolerance of Children with Heart Disease as Determined by Standardized Test Exercises.—WILSON (*Jour. Am. Med. Assn.*, June 11, 1921) found that the circulatory reactions after test exercises in 45 normal children and in 116 children with heart disease confirmed the results of the study of a previously reported group of 20 normal children. A working table was formulated of standardized test exercises followed by normal systolic blood-pressure curves without symptoms of dyspnea and fatigue. It was standardized from an analysis of the reactions of an average group of 65 normal children according to age, weight and height. The degree of distress and type of systolic blood-pressure curve following the standardized test exercises was used as a gauge in estimating the exercise tolerance of children with heart disease. Of the 71 children having definite organic heart disease without symptoms of insufficiency, 69 per cent had a normal tolerance for standardized test exercises, 29 per cent had fair tolerance and 2 per cent had a poor tolerance. In children with chronic organic heart disease, exercise tolerance tests give important and useful information which may be utilized as a scientific basis for intelligent regulation of the child's activities. The observations resulting from this investigation would seem to indicate that the fear of exercise is unwarranted and that a wider latitude may be permitted with safety.

OBSTETRICS

UNDER THE CHARGE OF

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Pregnancy Complicated by Pyelitis.—BAUGHMAN (*Am. Jour. Obst.*, February, 1921, p. 436) reports three cases of pregnancy complicated by pyelitis. These patients were under observation for a considerable time, were treated by lavage of the pelvis of the kidney and pyelograms were taken from time to time as the pelvic size changed. They were private patients treated in a private hospital. The first was a multipara who, during her second pregnancy, had slight nausea at first, which later became severe, with persistent vomiting. There was pain over the abdomen and back, with the greatest tenderness over the right kidney. There was no elevation of temperature and the urine obtained by the catheter was acid, with a few pus cells. The *Bacillus coli communis* was found on examining the urinary tract, and the patient was treated by irrigation of the pelvis of the kidney. This was followed by increased appetite and improved general condition, and at the fifth irrigation a pyelogram of the kidney was taken. This showed great